

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED JUN 7 1957

318

1003

5113

Registration District No. Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital			Length of stay in lb 16		d. STREET ADDRESS 4908 Washington		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Robert Middle McCord Last Burgess				4. DATE OF DEATH Month May Day 29 Year 1957					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 28, 1875		9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receiving Clerk			10b. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (City and state or country) Victoria, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Frederick Burgess				14. MOTHER'S MAIDEN NAME Sarah McCoy					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 492-03-4668		17. INFORMANT Guy Parker, Kingsway, Hotel.			Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] Carcinoma of bladder							INTERVAL BETWEEN ONSET AND DEATH 3 years 4 mo		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of bladder Cancer Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cancer DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour: Month, Day, Year a. m. p. m.			181 x						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 4-21-57		20f. CITY, TOWN, OR LOCATION 5-29-57		COUNTY 5-29-57		STATE	
21. I attended the deceased from 6 Apr - 21 to May 24 and last saw her alive on May 24-57 Death occurred at 6 PM m on the date stated above; and to the best of my knowledge, from the causes stated									
22a. SIGNATURES S. H. Hale (Degree or title) S. H. Hale, M.D.				22b. ADDRESS 4908 Delmar				22c. DATE SIGNED 5-31-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
Removal		6-1-57		Lakewood Park Cemetery		St. Louis Co., Mo.			
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.				25. DATE RECD. BY LOCAL REG. MAY 31 1957		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. (S.P.)			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *G. W. Wilkinson*

Licensed Embalmer No. 3

P. O. Address *H. Low*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.